

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-046484

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 118

Primary Registration District No. 5439

Registrar's No. 39

FILED JAN 3 1963

1. PLACE OF DEATH

a. COUNTY

GASCONADE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN CANAAN

Length of stay in 1b
68 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION HOME

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

GASCONADE

c. CITY
OR TOWN

ROSEBUD MO

Inside Limits
Yes ☐ No ☒

d. STREET
ADDRESS

(If outside, give location)
RURAL

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First Middle Last
JOHN CHRIS. NOWACK

4. DATE OF DEATH

Month

Day

Year

12-28-1962

5. SEX

MALE

6. COLOR OR RACE
WHITE

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-28-1894

9. AGE (last birthday)

68

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life; if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

FARMER

11. BIRTHPLACE (City and state or country)

ROSEBUD

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

HERMAN NOWACK

13b. MOTHER'S MAIDEN NAME

MARY BARTEL

14. NAME OF HUSBAND OR WIFE

NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

Address
Dr. Dora Flynn Rosebud Mo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive Heart Failure

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary Arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Inactive Old Pulmonary Tuberculosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

5/26/61 to 12/28/62

and last saw her alive on 12/28/62

Death occurred at

700A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

James H. Shea MO

22b. ADDRESS

Gerald MO

22c. DATE SIGNED

12/29/62

23a. BURIAL CREMATION, REMOVAL (Specify)

23b. DATE

12-30-62

23c. NAME OF CEMETERY OR CREMATORY

ROSEBUD M.E. Cemetery

23d. LOCATION (City, town, or county)

ROSEBUD MO

24. FUNERAL DIRECTOR

E. J. Meyer

ADDRESS

Gerald MO

25. DATE RECD. BY LOCAL REG.

December 29, 1962

26. REGISTRAR'S SIGNATURE

Mr. Marvin Lappmeyer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 18 1963

FEB 6 1963

FEB 13 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Stanley E. Meyer

Licensed Embalmer No. 4639

P. O. Address Union Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.